

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------|
| FEE DETERMINATION   |          |        |      |
| O.I.P.E. CLASSIFIER |          |        |      |
| FORMALITY REVIEW    |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | 1     | 11       |      |
| 2     | 2     |          |      |
| 3     | 3     |          |      |
| 4     | 4     |          |      |
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| Claim | Final | Original | Date |
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| 81    | 81    |          |      |
| 82    | 82    |          |      |
| 83    | 83    |          |      |
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| 86    | 86    |          |      |
| 87    | 87    |          |      |
| 88    | 88    |          |      |
| 89    | 89    |          |      |
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| 92    | 92    |          |      |
| 93    | 93    |          |      |
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| Claim | Final | Original | Date |
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| 101   | 101   |          |      |
| 102   | 102   |          |      |
| 103   | 103   |          |      |
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| 107   | 107   |          |      |
| 108   | 108   |          |      |
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| 130   | 130   |          |      |
| 131   | 131   |          |      |
| 132   | 132   |          |      |
| 133   | 133   |          |      |
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| 147   | 147   |          |      |
| 148   | 148   |          |      |
| 149   | 149   |          |      |
| 150   | 150   |          |      |

If more than 150 claims or 10 actions  
 staple additional sheet here

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